# Reference Copy Only. Do Not Mail to the FCC as an Application.

Submitted: 04/21/2011 at 10:09:54

File Number: 0004698766

FCC Form 608 **Main Form** 

FCC Application or Notification for Spectrum Leasing Arrangement/ Approved by OMB **Notification of a Private Commons Arrangement Wireless Telecommunications Bureau Public Safety and Homeland Security Bureau** 

3060-1058

See 608 Main Form Instructions

For public burden estimate

| General Informati | on |  |
|-------------------|----|--|
|-------------------|----|--|

| Application/Notification Purpose  |   |                                     |
|---|---|-------------------------------------|
| 1a) Purpose of Filing (Select only one):  |   |                                     |
| ( ) LN – New ( ) LM – Modificatio   | n ( ) <b>L</b> l  | J – Administrative Update           |
| ( X ) LT –Transfer of Control ( ) LE – Extend the   | Term ( ) L  | C – Cancel                          |
| ( ) <b>AM</b> – Amendment ( ) <b>WD</b> –Withdraw   |   |                                     |
| 1b) If this filing is for an Amendment (AM) or Withdrawal (WD), enter the File I Application/Notification currently on file with the FCC.   | Number of the pending   | File Number:                        |
|   |   |                                     |
| Classification of Filing  |   |                                     |
| For Leases/Subleases Only   |   |                                     |
| 2a) Classification of Filing (Select only one):   | 2b) Type of Filing  |                                     |
| (X ) ML – Spectrum Manager  | (X)L-Lease  |                                     |
| ( ) <b>TL</b> – <i>De Facto</i> Transfer  | ( ) <b>S</b> – Sublease (Must be fi                             | led Manually)                       |
| For Private Commons Arrangements Only (Must be filed Manually)  |   |                                     |
| 2c) This filing will be a Private Commons Arrangement of a (Select only one):   | Zu) ii a i fivate commons Ana                                   | ngement of a Lease or Sublease,     |
| ( ) N— License  | choose the legal type (Select of ( ) <b>M</b> –Spectrum Manager | nly one):                           |
| ( ) <b>L</b> — Lease  | ( ) <b>T</b> –De Facto Transfer                                 |                                     |
| ( ) <b>S</b> — Sublease   |   |                                     |
|   |   |                                     |
| Term of Lease/Sublease (Only for Transfer of Control of a Lessee or Sublea  | ssee, or a Revision to Extend the T                             | erm of a Lease or Sublease)         |
| Indicate whether the existing Lease/Sublease is:     (  | ) Long-Term or  | (X) Short-Term                      |
|   |   |                                     |
| Other Wireless Licenses   |   |                                     |
| Is this filing part of a series of related filings involving other wireless li Applicant, affiliates of the Applicant (e.g., parents, subsidiaries, or comparties that are not included on this filing and for which Commission appropriate that are not included on the filing and for which Commission appropriate that are not included on the filing and for which Commission appropriate that the filing and for which Commission appropriate that the filing are suppressed in the filing and for which Commission appropriate that the filing are suppressed in the filing are suppressed in the filing and for which Commission approximately the filing are suppressed in the filing and for which Commission approximately the filing are suppressed in the filing are suppressed i | nonly-controlled entities), or third                            | (Y ) <u>Y</u> es <u>N</u> o         |
| 4b) If the answer to 4a is 'Y', is this filing the lead Application/Notification?   |   | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 4c) If the answer to 4a is 'Y' and the answer to 4b is 'N', provide Application/Notification.   | the File Number of the lead                                     | File Number:<br>0004669383          |
|   |   |                                     |

| Attachments  |                                     |
|--|-------------------------------------|
| 5) Are attachments (other than associated schedules) being filed with this Application/Notification?   | ( <b>Y</b> ) <u>Y</u> es <u>N</u> o |
|  |                                     |
| Fees and Waivers   |                                     |
| Exemption from Application Fees  |                                     |
| 6) Is the applicant exempt from FCC application fees?  | ( N ) <u>Y</u> es <u>N</u> o        |
| If the answer to 6 is 'Yes', attach an exhibit demonstrating how the applicant is exempt from FCC application fees.  |                                     |
| Waiver/Deferral of Fees  |                                     |
| 7) Is a waiver/deferral of the FCC application fees being requested?   | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| If the answer to 7 is 'Yes', attach a date-stamped copy of the request for waiver/deferral of the FCC application fees.  |                                     |
| Waiver of Commission Rules   |                                     |
| 8a) Does this filing include a request for waiver of the Commission's Rules (other than a request for application fee waivers)?  | (N)Yes No                           |
| If the answer to 8a is 'Yes', attach an exhibit specifying the rule section(s) for which a waiver is being requested and including a justification for the waiver request. |                                     |
| 8b) If the answer to 8a is 'Yes', enter the number of rule section(s) involved.  | Number of Rule Section(s):          |
|  |                                     |
| Regulatory Status and Offerings (To be completed only for Modification of a Lease or M Radio Service Offerings   | odification of a Sublease)          |
| 9) The Applicant will provide the following type(s) of radio service offerings (select all that apply):  |                                     |
| ( ) Common Carrier ( ) Non-common Carrier ( ) Private, internal communications   | ( ) Broadcast Services              |
| Radio Service  |                                     |
| 10) The Applicant will provide the following type(s) of radio service (select all that apply):   |                                     |
| ( ) Fixed ( ) Mobile ( ) Radiolocation ( ) Satellite (sour   | nd) ( ) Broadcast Services          |
| 11) Does the Applicant propose to provide service interconnected to the public telephone network?  | ( ) <u>Y</u> es <u>N</u> o          |
| <b>Designated Entity Information</b> (If the answer to 12a, 12b or 12c is 'Yes', Schedule A mus  | t be completed.)                    |
| Bidding Credits  |                                     |
| 12a) Does this filing involve any spectrum associated with any licenses that were originally awarded with bidding credits within the last five years?                      | (N )Yes No                          |
| Installment Payment Plan   |                                     |
| 12b) Does this filing involve any spectrum associated with any licenses that were originally subject to the Commission's installment payment plan?                         | ( ) <u>Y</u> es <u>N</u> o          |
| Closed Bidding   |                                     |
| 12c) Does this filing involve any spectrum associated with any licenses that were originally granted pursuant to closed bidding within the last five years?                | ( ) <u>Y</u> es <u>N</u> o          |

# **Competition Related Information**

| i    | Does this filing involve a license authorization or Spectrum Lease/Sublease that may be used to provide interconnected mobile voice and/or data services that would create a geographic overlap with another license authorization(s) or Spectrum Leasing Arrangement(s) in which the Applicant already holds direct or indirect interests (of 10 percent or more), either as a licensee or Spectrum Lessee/Sublessee, and that could also be used to provide interconnected mobile voice and/or data services? | (Y | ) <u>Y</u> es | <u>N</u> o |
|------|---|----|---------------|------------|
| 14a) | Does the Applicant (Lessee/Sublessee) hold direct or indirect interests (of 10 percent or more) in any entity that already has access to 10 MHz or more of Cellular, Broadband PCS, or Specialized Mobile Radio (SMR) spectrum through license(s) or spectrum leases/subleases in the same geographic area?   | (  | ) <u>Y</u> es | <u>N</u> o |
| 14b) | Would/Does this Spectrum Leasing Arrangement reduce the number of entities providing service (using spectrum in any of the three services listed in 14a above) in the affected market(s)?   | (  | ) <u>Y</u> es | <u>N</u> o |

# **Broadband Radio Service and Educational Broadband Service Information**

Broadband Radio Service (BRS) and Educational Broadband Service (EBS) - Cable Cross-Ownership

| or oddbarid Radio del vice (BRo) and Educational Broadbarid del vice (EBO) dable dross dwiter   | тэпір |                          |
|---|-------|--------------------------|
| 15a) Will the requested facilities be used to provide multichannel video programming service?   | (     | ) <u>Y</u> es <u>N</u> o |
| 15b) If the answer to 15a is 'Yes', does the Applicant operate, control or have an attributable interest (as defined in Section 27.1202 of the Commission's Rules) in a cable television system whose franchise area is located within the geographic service area of the requested facilities? | (     | ) <u>Y</u> es <u>N</u> o |
| If 'Yes', provide an exhibit explaining how the Applicant (Lessee/Sublessee) complies with Section 27.1202 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.                                |       |                          |
| Educational Broadband Service (EBS) – Part 27 Programming Requirements  |       |                          |
| 16) Does the Applicant comply with the programming requirements contained in Section 27.1203 of the   | (     | ) <u>Y</u> es <u>N</u> o |

If 'No', provide an exhibit explaining how the Assignee/Transferee complies with Section 27.1203 of the Commission's Rules or justifying a waiver of that rule. If a waiver of the Commission's Rule(s) is being requested, 8a must be answered 'Yes'.

# Part 90 Public Safety Services

#### **Eligibility**

| 17) Is the Applicant a public safety entity or otherwise an entity that will use the leased spectrum to provide communications in support of public safety operations pursuant to Section 90.523 of the Commission's Rules? |  |
|---|--|
|---|--|

# **Licensee Information**

| FRN   |                  |                            |                  |                            |                 |
|---|------------------|----------------------------|------------------|----------------------------|-----------------|
| 18) FCC Registration Number: 0001565449             |                  |                            |                  |                            |                 |
| Entity  |                  |                            |                  |                            |                 |
| 19) Licensee is a(n) (Select One):                  |                  |                            |                  |                            |                 |
| ( )Individual ( )Unincorporated Association         | ( )Trust         | ( )Gove                    | ernment Entity ( | )Corporation ( )Limited Li | ability Company |
|   |                  |                            | • •              |                            | ,               |
| ( )General Partnership ( )Limited Partnersh         | iip ( )Limi      | neu Liabilit               | y Partnership (  | )Consortium                |                 |
| ( )Other:   |                  |                            |                  |                            |                 |
|   |                  |                            |                  |                            |                 |
| Licensee Name                                       |                  |                            |                  |                            |                 |
| 20) Licensee Name (if entity):                      |                  |                            |                  |                            |                 |
| 21) Licensee Name (if individual): First:           |                  | MI:                        | Last:            |                            | Suffix:         |
| 22) Attention To:                                   |                  |                            |                  |                            |                 |
|   |                  |                            |                  |                            |                 |
| Address   |                  |                            |                  |                            |                 |
| 23) P.O. Box:                                       | And 24) Stre     | eet Address                | S:               |                            |                 |
| 25) City:   | 701              | <u></u>                    | 26) State:       | 27) Zip Code:              |                 |
| 28) Telephone Number:                               |                  | 29) F                      | AX Number:       | I                          |                 |
| 30) E-Mail Address:                                 |                  |                            |                  |                            |                 |
|   |                  |                            |                  |                            |                 |
| 31) Demographics (Optional):                        |                  |                            |                  |                            |                 |
| Race: ( )American Indian or Alaska Native           | Ethnicit<br>( )H | t <b>y:</b><br>lispanic or | Latino           | Gender:<br>( )Male         |                 |
| ( )Asian  | ( )N             | lot Hispani                | c or Latino      | ( )Female                  |                 |
| ( )Black or African-American                        |                  |                            |                  |                            |                 |
| ( )Native Hawaiian or Other Pacific Islander        |                  |                            |                  |                            |                 |
| ( )White  |                  |                            |                  |                            |                 |
| ( )vvinte   |                  |                            |                  |                            |                 |
| Licensee Contact Information                        |                  |                            |                  |                            |                 |
| Contact Name (if other than Licensee)               |                  |                            |                  |                            |                 |
| () Check here if same as Licensee  32) Name: First: | Information      | MI:                        | Last:            |                            | Suffix:         |
|   |                  | IVII.                      | Last.            |                            | Sullix.         |
| 33) Company Name:                                   |                  |                            |                  |                            |                 |
| 34) Attention To:                                   |                  |                            |                  |                            |                 |
|   |                  |                            |                  |                            |                 |
| Address 35) P.O. Box:                               | And 36) Stre     | eet Address                | <br>S:           |                            |                 |
| 37) City:   | /Or              |                            | 38) State:       | 39) Zip Code:              |                 |
| 40) Telephone Number:                               |                  | /1\ <b>=</b>               | AX Number:       | 33) Zip Code.              |                 |
|   |                  | 41) F                      | AA NUIIDEI.      |                            |                 |
| 42) E-Mail Address:                                 |                  |                            |                  |                            |                 |

65) City: Washington

68) Telephone Number:

70) E-Mail Address:

(202)344-8065

tslee@venable.com

| Lessee Information   |            |                     |                  |               |                     |                            |                            |
|--|------------|---------------------|------------------|---------------|---------------------|----------------------------|----------------------------|
| FRN  |            |                     |                  |               |                     |                            |                            |
| 43) FCC Registration Number: 0002576874  |            |                     |                  |               |                     |                            |                            |
| Entity   |            |                     |                  |               |                     |                            |                            |
| 44) Lessee is a(n) (Select One): ( )Individual ( )Unincorporated Association                         | ( )        | )Trust (            | )Gove            | rnment Entity | y ( <b>x</b> )Corpo | ration ( )Limited Lial     | oility Company             |
| ( )General Partnership ( )Limited Partnersh  | nip (      | ( )Limite           | d Liability      | Partnership   | ( )Cons             | sortium                    |                            |
| ( )Other:  |            |                     |                  |               |                     |                            |                            |
| Lessee Name  |            |                     |                  |               |                     |                            |                            |
| 45) If the Lessee name is being updated, is the updated and for which proper Commission approval has |            |                     |                  |               |                     | e(s) to another party      | ( ) <u>Y</u> es <u>N</u> o |
| 46) Lessee Name (if entity): lowa Wireless Service   |            |                     |                  |               | '                   |                            |                            |
| 47) Lessee Name (if individual): First:  |            |                     | MI:              | Last:         |                     |                            | Suffix:                    |
| 48) Attention To: Michael S. Haskins   |            |                     |                  | 1             |                     |                            |                            |
| Name of Real Party in Interest   |            |                     |                  |               |                     |                            |                            |
| 49) Name of Real Party in Interest: AT&T Inc.  |            |                     |                  |               |                     |                            |                            |
| 50) FCC Registration Number (FRN): 0005193701  |            |                     |                  |               |                     |                            |                            |
| Address  |            |                     |                  |               |                     |                            |                            |
| 51) P.O. Box:  | And<br>/Or | 52) Stree           | t Address        | 4135 N.W      | . Urbandale Dr.     |                            |                            |
| 53) City: Urbandale  | 701        |                     |                  | 54) State     | e: IA               | 55) Zip Code: <b>50322</b> |                            |
| 56) Telephone Number: (515)258-7000  |            |                     | 57) F            | AX Number:    | (515)258-7100       |                            |                            |
| 58) E-Mail Address: mike.haskins@iwireless.co  | m          |                     |                  |               |                     |                            |                            |
| 59) Demographics (Optional):   |            |                     |                  |               |                     |                            | -                          |
| Race: ( )American Indian or Alaska Native  |            | Ethnicity<br>( )His | :<br>spanic or I | _atino        |                     | Gender:<br>( )Male         |                            |
| ( )Asian   |            | ( )No               | t Hispanio       | or Latino     |                     | ( )Female                  |                            |
| ( )Black or African-American   |            |                     |                  |               |                     |                            |                            |
| ( )Native Hawaiian or Other Pacific Islander   |            |                     |                  |               |                     |                            |                            |
| ( )White   |            |                     |                  |               |                     |                            |                            |
| Lessee Contact Information Contact Name (if other than Lessee)                                       |            |                     |                  |               |                     |                            |                            |
| ( ) Check here if same as Lessee In  | forma      | tion                |                  |               |                     |                            |                            |
| 60) Name: First: Tony  |            |                     | MI:<br>S         | Last:<br>Lee  |                     |                            | Suffix:                    |
| 61) Company Name: Venable LLP  |            |                     | <u>, - 1</u>     |               |                     |                            |                            |
| 62) Attention To:  |            |                     |                  |               |                     |                            |                            |
| Address  |            |                     |                  |               |                     |                            |                            |
| 63) P.O. Box:  | And<br>/Or | 64) Stree           | t Address        | 575 7th St    | treet, N.W.         |                            | 7                          |

67) Zip Code: **20004** 

66) State: DC 69) FAX Number: (202)344-8300

#### Sublessee Information 71) FCC Registration Number: **Entity** 72) Sublessee is a(n) (Select One): )Individual ( )Unincorporated Association ( )Government Entity )Limited Liability Company )Trust )Corporation ( )General Partnership )Limited Partnership )Limited Liability Partnership )Consortium )Other: **Sublessee Name** 73) If the Sublessee name is being updated, is the update a result from the sale (or transfer of control) of the sublease(s) to another ) <u>Y</u>es <u>N</u>o party and for which proper Commission approval has not been received or proper notification not provided? 74) Sublessee Name (if entity): MI: 75) Sublessee Name (if individual): First: Last: Suffix: 76) Attention To: Name of Real Party in Interest 77) Name of Real Party in Interest: 78) FCC Registration Number (FRN): Address 79) P.O. Box: And 80) Street Address: /Or 81) City: 82) State: 83) Zip Code: 84) Telephone Number: 85) FAX Number: 86) E-Mail Address: 87) Demographics (Optional): Race: Ethnicity: Gender: )American Indian or Alaska Native )Hispanic or Latino )Male )Not Hispanic or Latino )Female )Asian )Black or African-American )Native Hawaiian or Other Pacific Islander )White Sublessee Contact Information Contact Name (if other than Sublessee) ) Check here if same as Sublessee Information 88) Name: First: MI: Last: Suffix: 89) Company Name: 90) Attention To: Address 92) Street Address: 91) P.O. Box: And 93) City: 94) State: 95) Zip Code:

97) FAX Number:

96) Telephone Number:

98) E-Mail Address:

#### **Transferee Information** 99) FCC Registration Number: 0005193701 **Entity** 100) Transferee is a(n) (Select One): )Individual ( )Unincorporated Association ( )Trust )Government Entity (x )Corporation ( )Limited Liability Company )General Partnership )Limited Partnership )Limited Liability Partnership )Consortium )Other: \_ **Transferee Name** 101) Transferee Name (if entity): AT&T Inc. 102) Transferee Name (if individual): First: MI: Last: Suffix: 103) Attention To: William R. Drexel Name of Real Party in Interest 104) Name of Real Party in Interest: AT&T Inc. 105) FCC Registration Number (FRN): 0005193701 Address 106) P.O. Box: And 107) Street Address: 208 South Akard Street, Room 3305 110) Zip Code: **75202** 108) City: Dallas 109) State: **TX** 111) Telephone Number: (214)757-3350 112) FAX Number: (214)746-2152 113) E-Mail Address: william.drexel@att.com 114) Demographics (Optional): Ethnicity: Gender: )American Indian or Alaska Native )Hispanic or Latino )Male ( )Asian )Not Hispanic or Latino )Female )Black or African-American )Native Hawaiian or Other Pacific Islander )White **Transferee Contact Information** Contact Name (if other than Transferee) ) Check here if same as Transferee Information 115) Name: MI: Last: Suffix: 116) Company Name: AT&T Inc. 117) Attention To: William R. Drexel

| Address                                     |            |            |            |                                |      |                        |
|---|------------|------------|------------|--------------------------------|------|------------------------|
| 118) P.O. Box:                              | And<br>/Or | 119) Stree | t Address: | 208 South Akard Street,        | Roon | n 3305                 |
| 120) City: Dallas                           |            |            |            | 121) State: <b>TX</b>          | 122) | Zip Code: <b>75202</b> |
| 123) Telephone Number: (214)757-3350        |            |            | 124) FA    | X Number: <b>(214)746-2152</b> |      |                        |
| 125) E-Mail Address: william.drexel@att.com |            |            |            |                                |      |                        |
|   |            |            |            |                                |      |                        |

#### Transferor Information 126) FCC Registration Number: 0006184170 **Entity** 127) Transferor is a(n) (Select One): )Individual ( )Unincorporated Association ( )Trust ( )Government Entity (x )Corporation ( )Limited Liability Company )General Partnership )Limited Partnership )Limited Liability Partnership )Consortium )Other: \_ **Transferor Name** 128) Transferor Name (if entity): Deutsche Telekom AG 129) Transferor Name (if individual): First: MI: Last: Suffix: 130) Attention To: Dan Menser Address 131) P.O. Box: 132) Street Address: 12920 SE 38th Street And 134) State: WA 133) City: Bellevue 135) Zip Code: 98006 137) FAX Number: (425)383-4840 136) Telephone Number: (425)383-4000 138) E-Mail Address: dan.menser@t-mobile.com 139) Demographics (Optional): Ethnicity: Gender: )American Indian or Alaska Native )Hispanic or Latino )Male )Not Hispanic or Latino )Female )Asian )Black or African-American )Native Hawaiian or Other Pacific Islander )White Transferor Contact Information **Contact Name** (if other than Transferor) ) Check here if same as Transferor Information 140) Name: MI: Last: Suffix: 141) Company Name: Wiley Rein LLP 142) Attention To: Nancy J. Victory Address 144) Street Address: 1776 K Street, NW 143) P.O. Box: And 146) State: DC 145) City: Washington 147) Zip Code: 20006

149) FAX Number: (202)719-7049

148) Telephone Number: (202)719-7344

150) E-Mail Address: nvictory@wileyrein.com

## **Ownership Disclosure Information**

#### FCC Form 602

| 151a) Is the Applicant required to file FCC Form 602, Ownership Disclosure Information for the Wireless Telecommunications Services?   | (γ ) <u>Y</u> es <u>N</u> o    |
|--|--------------------------------|
| 151b) If the answer to 151a is 'Yes', provide the File Number of FCC Form 602 that has been filed in conjunction with this FCC Form 608 filing or that is already on file with the FCC and remains accurate. | File Number: <b>0004697294</b> |

# **Alien Ownership Questions**

Alien Ownership (If any answer is 'Yes', provide an attachment explaining the circumstances)

| ilen Ownersnip (if any answer is Yes', provide an attachment explaining the circumstances)  |                                     |
|---|-------------------------------------|
| 152) Is the Applicant a foreign government or the representative of any foreign government?   | (N) <u>Y</u> es <u>N</u> o          |
| 153) Is the Applicant an alien or the representative of an alien?   | ( <b>N</b> ) <u>Y</u> es <u>N</u> o |
| 154) Is the Applicant a corporation organized under the laws of a foreign government?   | (N) <u>Y</u> es <u>N</u> o          |
| 155) Is the Applicant a corporation of which more than one-fifth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?  | (N) <u>Y</u> es <u>N</u> o          |
| 156a) Is the Applicant directly or indirectly controlled by any other corporation of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country? | (N ) Yes No                         |
| 156b) If the answer to 156a is 'Yes', has the Applicant received a ruling(s) under Section 310(b)(4) of the Communications Act with respect to the same radio service(s) and geographic coverage area(s) involved in this filing?   | ( ) <u>Y</u> es <u>N</u> o          |
| If the answer to 156b is 'Yes', provide in an exhibit the citation(s) of the declaratory ruling(s) received by the Applicant (i.e., DA or FCC Number, FCC Record citation when available, and release date).  |                                     |
| If the answer to 156b is 'No', attach to this filing a date-stamped copy of a request for a foreign ownership ruling pursuant to Section 310(b)(4) of the Communications Act.   |                                     |

#### **Basic Qualification Information**

Basic Qualification Questions (If any answer is 'Yes', provide an attachment explaining the circumstances)

| The state of the s |   |
|--|---|
| 157) Has the Applicant or any party to this filing had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license or construction permit denied by the Commission?  | ( <b>N</b> ) <u>Y</u> es <u>N</u> o     |
| 158) Has the Applicant or any party to this filing, or any party directly or indirectly controlling the Applicant or any party to this filing ever been convicted of a felony by any state or federal court?   | (N) Yes No                              |
| 159) Has any court finally adjudged the Applicant or any party directly or indirectly controlling Applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication, directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?   | ( <sub>N</sub> ) <u>Y</u> es <u>N</u> o |

#### **Licensee Certification Statements**

- The Licensee agrees that the Lease is not a sale or transfer of the license itself.
- The Licensee certifies that it will not consent to assignment of the Lease except to the extent such assignment complies with the Commission's 2) Rules and Regulations.
- The Licensee certifies that it holds exclusive use rights to use the licensed spectrum. 3)
- 4) The Licensee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Licensee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

| Type or Printed Name of Party Authorized to Sign |           |                   |                                  |                  |  |
|--|-----------|-------------------|----------------------------------|------------------|--|
| 160) First Name:                                 | MI:       | Last Name:        |                                  | Suffix:          |  |
|  |           |                   |                                  |                  |  |
| 161) Title:                                      |           |                   |                                  |                  |  |
|  |           |                   |                                  |                  |  |
| 162) Signature:                                  |           |                   | 163) Date:                       |                  |  |
|  |           |                   |                                  |                  |  |
| FAILURE TO SIGN THIS APPLICATION MAY RESUL       | T IN DISM | ISSAL OF THE APPL | LICATION AND FORFEITURE OF ANY F | EES PAID.        |  |
| WILLFUL FALSE STATEMENTS MADE ON THIS FOR        | RM OR AN  | NY ATTACHMENTS A  | ARE PUNISHABLE BY FINE AND/OR IM | PRISONMENT (U.S. |  |

Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

| The Lessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times and if the Lessee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.  The Lessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a control substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in the certification.)  The Lessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Less acknowledges that it must cooperate fully with any investigation or inquiry onducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.  The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filling is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continual authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases have any authority to operate under the licensee, unless otherwise authorized by the Commission.  The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinqu |        | ee Certification Statements  |  | and an at the Process Year If  |  |  |  |  |  |
|--|--------|--|--|--|--|--|--|--|--|
| and if the Lessee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or to Commission.  The Lessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a control substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in to certification.)  The Lessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Less acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow to Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of 1 Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies  The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filling is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continual authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases have any authority to operate under the license, unless otherwise authorized by the Commission.  The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power the United States because of the previous use of the same, whether by spectrum lease or otherwise.  The Lessee certi | 1)     | The Lessee agrees that the Lease is not a s  | sale or tra  | nster of the license itself.   |  |  |  |  |  |
| Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a control substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in t certification.)  4) The Lessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Less acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission clatilities, and suspend operations at the direction of a Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.  5) The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filling is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continual authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases have any authority to operate under the license, unless otherwise authorized by the Commission.  6) The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  7) The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power the United States because of the previous use of the same, whether by spectrum lease or otherwise.  8) The Lessee certifies that all of its statements made in this Application/Notification, and are true, complete, correct, and made good faith.  15 Printed Name of Party Authorized to Sign  164) First Name:  MI: Last Name:  Suffix:   | 2)     | and if the Lessee fails to so comply, th   | The Lessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Lessee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission. |  |  |  |  |  |  |
| acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies.  The Lessee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filling is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continual authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases have any authority to operate under the license, unless otherwise authorized by the Commission.  The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power the United States because of the previous use of the same, whether by spectrum lease or otherwise.  The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed any federal agency.  The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  MI: Last Name: Suffix:  | 3)     | Section 5301 of the Anti-Drug Abuse Act of substance. (See Section 1.2002(b) of the      | of 1988, 2   | 21 U.S.C. § 862, because of a conviction   | on for possession or distribution of a controlled  |  |  |  |  |
| that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Lessee will have no continual authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases have any authority to operate under the license, unless otherwise authorized by the Commission.  6) The Lessee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  7) The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power the United States because of the previous use of the same, whether by spectrum lease or otherwise.  8) The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed any federal agency.  The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  164) First Name:  MI: Last Name:  Suffix:  | 4)     | acknowledges that it must cooperate fully Commission or the Licensee to conduct          | with any i   | nvestigation or inquiry conducted either aspections of transmission facilities, ar | by the Commission or the Licensee, allow the d suspend operations at the direction of the      |  |  |  |  |
| under the Commission's Rules and Regulations.  The Lessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power the United States because of the previous use of the same, whether by spectrum lease or otherwise.  The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed any federal agency.  The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  MI: Last Name: Suffix:   | 5)     | that is the subject of this filing is revoked authority to use the leased spectrum and w | , cancelle<br>vill be requ   | d, terminated, or otherwise ceases to buired to terminate its operations no later  | be in effect, the Lessee will have no continuing than the date on which the Licensee ceases to |  |  |  |  |
| the United States because of the previous use of the same, whether by spectrum lease or otherwise.  8) The Lessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed any federal agency.  The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  164) First Name:  MI: Last Name: Suffix:   | 6)     |  |  | o any entity that is not eligible or qualifie                                      | ed to enter into a spectrum leasing arrangement  |  |  |  |  |
| any federal agency.  The Lessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  164) First Name:  MI: Last Name:  Suffix:  | 7)     |  |  |  |  |  |  |  |  |
| documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made good faith.  Type or Printed Name of Party Authorized to Sign  164) First Name:  MI: Last Name:  Suffix:  | 8)     |  | n any pay  | ment for Commission licenses and that  | it is not delinquent on any non-tax debt owed to   |  |  |  |  |
| 164) First Name: MI: Last Name: Suffix:  | docur  | ments incorporated by reference are materi   |  |  |  |  |  |  |  |
|  |        |  | d to Sig   | ň  |  |  |  |  |  |
| 165) Title:  | 164) I | First Name:  | MI:  | Last Name:   | Suffix:  |  |  |  |  |
|  | 165)   | Title:   | 1  |  |  |  |  |  |  |

| 164) First Name: | MI: | Last Name: | Suffix: |
|------------------|-----|------------|---------|
| 165) Title:      |     |            |         |
| 166) Signature:  |     | 167) Date: |         |
|                  |     |            |         |

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

| Suble | ssee Certification Statements   |
|-------|---|
| 1)    | The Sublessee agrees that the Lease is not a sale or transfer of the license itself.  |
| 2)    | The Sublessee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times and if the Sublessee fails to so comply, the Lease may be revoked, cancelled, or terminated by either the Licensee or the Commission.  |
| 3)    | The Sublessee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)  |
| 4)    | The Sublessee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Sublessee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with applicable Commission policies. |
| 5)    | The Sublessee acknowledges that in the event an authorization held by a Licensee that has entered into a spectrum leasing arrangement is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Sublessee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.  |
| 6)    | The Sublessee agrees the Lease/Sublease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  |

the United States because of the previous use of the same, whether by spectrum lease or otherwise.

8) The Sublessee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed

The Sublessee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of

to any federal agency.

The Sublessee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

| 168) First Name:           | MI: | Last Name: | Suffix: |  |  |
|----------------------------|-----|------------|---------|--|--|
| 169) Title:                |     |            | ,       |  |  |
| 170) Signature: 171) Date: |     |            |         |  |  |

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

| Transferes | Certification | Ctotomonto |
|------------|---------------|------------|
| Transferee | Certification | Statements |

| 1)      | The Transferee agrees that the Lease/Sublease is not a sale or transfer of the license itself.  |
|---------|---|
| 2)      | The Transferee acknowledges that it is required to comply with the Commission's Rules and Regulations and other applicable law at all times, and if the Transferee fails to so comply, the Lease/Sublease may be revoked, cancelled, or terminated by either the Licensee or the Commission.  |
| 3)      | The Transferee certifies that neither it nor any other party to the Application/Notification is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. (See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.)   |
| 4)      | The Transferee hereby accepts Commission oversight and enforcement consistent with the license and lease authorization. The Transferee acknowledges that it must cooperate fully with any investigation or inquiry conducted either by the Commission or the Licensee, allow the Commission or the Licensee to conduct on-site inspections of transmission facilities, and suspend operations at the direction of the Commission or the Licensee and to the extent that such suspension of operation would be consistent with the applicable Commission policies. |
| 5)      | The Transferee acknowledges that in the event an authorization held by a Licensee that has associated with it a spectrum leasing arrangement that is the subject of this filing is revoked, cancelled, terminated, or otherwise ceases to be in effect, the Transferee will have no continuing authority to use the leased spectrum and will be required to terminate its operations no later than the date on which the Licensee ceases to have any authority to operate under the license, unless otherwise authorized by the Commission.                       |
| 6)      | The Transferee agrees the Lease shall not be assigned to any entity that is not eligible or qualified to enter into a spectrum leasing arrangement under the Commission's Rules and Regulations.  |
| 7)      | The Transferee waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by spectrum lease or otherwise.   |
| 8)      | The Transferee certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.   |
| The Tra | nsferee certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or  |

Type or Printed Name of Party Authorized to Sign

faith.

| 172) First Name: William                       | MI:<br>R | Last Name:<br>Drexel |                                 | Suffix: |
|--|----------|----------------------|---------------------------------|---------|
| 173) Title: Sr. VP & Assistant General Counsel |          |                      |                                 |         |
| 174) Signature:<br>William R Drexel            |          |                      | 175) Date:<br><b>04/21/2011</b> |         |

documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

#### **Transferor Certification Statements**

- The Transferor certifies either (1) that control of the Lessee/Sublessee will not be transferred until consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the Lease/Sublease is subject to streamlined notification procedures for pro forma transfers of control. See Section 1.948(c)(1) of the Commission's Rules.
- 2) The Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Transferor certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

| 176) First Name:                                   | MI:         | Last Name:        |                                 | Suffix:  |
|--|-------------|-------------------|---------------------------------|----------|
| Wolfgang   |             | Kopf              |                                 |          |
| 177) Title: Sr. VP - Public and Regulatory Affairs |             |                   |                                 |          |
| 178) Signature:<br>Wolfgang Kopf                   |             |                   | 179) Date:<br><b>04/21/2011</b> |          |
| EALLLIDE TO SIGN THIS APPLICATION MAY PEST         | I T IN DISM | ISSAL OF THE ADDI | ICATION AND EODEFITIBE OF ANY E | EEC DVID |

#### **Private Commons Manager Certification Statements**

- The Licensee/Lessee/Sublessee manager of the Private Commons certifies that it will retain de facto control of the use of the spectrum under the Private Commons arrangement, including that it will maintain reasonable oversight over the users' use of the spectrum under the arrangement so as to ensure that the use of the spectrum, and communications equipment employed, comply with all technical and service rules applicable under the license authorization.
- The Licensee/Lessee/Sublessee manager of the Private Commons arrangement certifies that it will maintain the ability to ensure that users 2) under the arrangement comply with all the technical and service rules applicable under the license authorization.

The Licensee/Lessee/Sublessee manager of the Private Commons arrangement certifies that all of its statements made in this Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

| 180) First Name:   | MI:              | Last Name:                         | Suffix:                              |  |  |
|--|------------------|------------------------------------|--------------------------------------|--|--|
|  |                  |                                    |                                      |  |  |
| 181) Title:  |                  |                                    |                                      |  |  |
|  |                  |                                    |                                      |  |  |
| 182) Signature:  |                  | 183) Date:                         |                                      |  |  |
|  |                  |                                    |                                      |  |  |
| FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID. |                  |                                    |                                      |  |  |
|  |                  | ANY ATTACHMENTS ARE PUNISHABLE BY  |                                      |  |  |
| Code, Title 18, Section 1001) AND/OR   | REVOCATION OF AN | IY STATION LICENSE OR CONSTRUCTION | PERMIT (U.S. Code, Title 47, Section |  |  |

312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

# License Authorization(s) or Identifiers (pertaining to Lease(s)/Sublease(s)/Private Commons) Associated with the Spectrum To Be Included in the Filing

| 184) Call Sign(s) or Lease/Sublease/ Private Commons Identifier(s) | 185)<br>Radio Service<br>Code                  | 186)<br>Location Number | 187)<br>Path Number<br>(Microwave only) | 188)<br>Frequency<br>Number | 189)<br>Lower<br>Frequency (MHz) | 190)<br>Upper<br>Frequency (MHz) |
|--|--|-------------------------|---|-----------------------------|----------------------------------|----------------------------------|
| L000007750   | AW - AWS,<br>1710-1755/2110-<br>2155 MHz bands |                         |   |                             |                                  |                                  |
| L000007751   | AW - AWS,<br>1710-1755/2110-<br>2155 MHz bands |                         |   |                             |                                  |                                  |

<sup>\*</sup> Note: Questions 186 – 190 are for New Leases involving spectrum associated with site-based authorizations when only a portion of the licensed locations, paths and/or frequencies will be leased.

### FCC 608 Schedule D

## **Federal Communications Commission**

Approved by OMB 3060 - 1058 See 608 Main Form Instructions for public burden estimate

### Schedule for Transfer of Control of a Lessee or a Sublessee

| Transaction Information Transaction Occurrence   |                                    |                      |            |
|--|------------------------------------|----------------------|------------|
| 1a) Has this Transfer of Control already occurred?   | ( N                                | ) <u>Y</u> es        | <u>N</u> o |
| 1b) If the response to Item 1a is 'Yes', provide the date the transaction occurred (MM/DD/YYYY):   |                                    |                      |            |
| Voluntary or Involuntary (Select Only One)   |                                    |                      |            |
| 2) The Transfer of Control is:   | ( X ) Voluntary<br>( ) Involuntary |                      |            |
| Pro Forma  |                                    |                      |            |
| 3) Is this application a <i>pro forma</i> Transfer of Control?   | (N                                 | ) <u><b>Y</b></u> es | <u>N</u> o |
| Forbearance Notification   |                                    |                      |            |
| 4) If <i>pro forma</i> , is this a post-consummation notification that is being filed under the Commission's forbearance procedures pursuant to Section 1.948(c)(1) of the Commission's Rules? | (                                  | ) <u>Y</u> es        | <u>N</u> o |
| Type of Transfer   |                                    |                      |            |
| 5) How will/has the Transfer of Control be/been accomplished?  |                                    |                      |            |
| ( ) Court Order  |                                    |                      |            |
|  |                                    |                      |            |
| ( ) Reorganization or Liquidation  |                                    |                      |            |
| ( χ ) Transfer of Stock or Other Ownership Interests   |                                    |                      |            |
| ( ) Other (Voting Trust Agreement, Management Contract, etc.)  |                                    |                      |            |

# Attachment(s):

| Туре | Description                    | Date Entered |
|------|--------------------------------|--------------|
| 0    | Second Signature of Transferor | 04/20/2011   |
| О    | Lead Application Information   | 04/13/2011   |

### **Lead Application Information**

This Application is one of a group of applications being filed in connection with the proposed transfer of control of all the licenses and authorizations held by T-Mobile USA, Inc. and its subsidiaries from Deutsche Telekom AG to AT&T Inc. The Applicants have designated the application being filed concurrently to transfer control of T-Mobile License LLC from Deutsche Telekom AG to AT&T Inc. (File No. 0004669383) as the lead wireless radio services application for the transaction. Accordingly, the Applicants hereby incorporate by reference all exhibits of the lead application.

### **Second Signature of Transferor**

The internal governance policies of transferor, Deutsche Telekom AG ("DT"), require the signatures of two legal representatives of DT to legally bind the company. Wolfgang Kopf, Senior Vice President – Public and Regulatory Affairs, is signing this FCC application form on behalf of DT. Because the form provides for only one transferor signature, the Applicants have attached this exhibit so as to include a second "Transferor Certification Statements" page containing the certification and signature of Volker Stapper, Vice President International Competition and Media Policy.

#### **Transferor Certification Statements**

- The Transferor certifies either (1) that control of the Lessee/Sublessee will not be transferred until consent of the Federal Communications Commission has been given, or (2) that prior Commission consent is not required because the Lease/Sublease is subject to streamlined notification procedures for *pro forma* transfers of control. See Memorandum Opinion and Order, 13 FCC Rcd. 6293 (1998).
- 2) The Transferor certifies that it is not in default on any payment for Commission licenses and that it is not delinquent on any non-tax debt owed to any federal agency.

The Transferor certifies that all of its statements made in this Application/Notification and in the schedules, exhibits, attachments, or documents incorporated by reference are material, are part of this Application/Notification, and are true, complete, correct, and made in good faith.

Type or Printed Name of Party Authorized to Sign

| - | ., , , , , , , , , , , , , , , , , , ,                                 |        |                 |                                |                    |  |  |  |  |
|---|--|--------|-----------------|--------------------------------|--------------------|--|--|--|--|
| Γ | 176) First Name:   | MI:    | Last Name:      |                                | Suffix:            |  |  |  |  |
|   | Volker   |        | Stapp           | per                            |                    |  |  |  |  |
|   | 177) Title:  Vice President International Competition and Media Policy |        |                 |                                |                    |  |  |  |  |
| Γ | 178) Signature:  |        |                 | 179) Date:                     |                    |  |  |  |  |
|   | /s/ Volker Stapper   |        |                 | 04/21/2011                     |                    |  |  |  |  |
|   | WILLELL EVISE STATEMENTS MADE ON THIS E                                | ODM OD | ANV ATTACHMENTS | ADE DIMIGUADI E DV CINE AND/OR | IMPDISONMENT (II S |  |  |  |  |